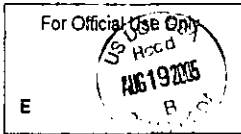


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>21038</u>	2. Fiscal Year Covered From <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Thomas</u> <u>Ferris</u> P.O. Box, Bldg., Room No., if any Street <u>422 E. 2nd Street</u> City <u>Riverhead</u> State <u>New York</u> ZIP Code +4 <u>11901</u>	4. Name, file number, and address of labor organization. Name <u>Empire State Regional Council of Carpenters</u> Labor Organization File Number <u>038-392</u> P.O. Box, Building and Room Number, if any Street <u>270 Motor Parkway</u> City <u>Hauppauge</u> State <u>New York</u> ZIP Code +4 <u>11788</u>
5. Position in labor organization. <u>Council Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any) Name Trade Name, if any. P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Thomas Ferris</u>	On <u>8/10/05</u> (631) <u>591-1120</u> Date Telephone Number

Name of Person Filing Thomas Ferris	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested</p>	
<p>8 Name and address of Business (including trade name if any)</p> <p>Name Industry Promotional Fund</p> <p>Trade Name, if any: Carpenters</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 500 Broadway - ste 101</p> <p>City Jericho</p> <p>State New York ZIP Code + 4 11743</p>	<p>11.a. Nature of such dealing</p> <p>Luncheon meetings to resolve jurisdictional disputes with Floor Layers UJ 2287</p>
	<p>11 b. Approximate dollar value of such dealing. \$150</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Part B

Name of Reporting Employer: Resilient Floor Coverers Industry Promo-				File Number E-	
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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<p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <u>Tom</u> <u>Ferris</u></p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street <u>270 Motor Parkway</u></p> <p>City <u>Hauppauge</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>11788</u></p> <p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p><u>March 16 & 20, 2004</u></p>	<p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).</p> <p><u>Business Agent</u></p> <p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization <u>Local 7 Empire St. Regional Council of Carpenters</u></p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street <u>270 Motor Parkway</u></p> <p>City <u>Hauppauge</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>11788</u></p> <p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p>
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<u>March 16, 2004</u> (1)	<u>75</u>	<u>N/A</u>
<u>March 20, 2004</u> (1)	<u>75</u>	<u>N/A</u>
	<u>0</u>	
	<u>0</u>	
	<u>0</u>	

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

(1) All monies expended on behalf of Mr. Ferris were for the approximate proportionate share of the luncheon tendered by the Industry Promotional Fund to the representatives of Local 7 of the Empire State Regional Council of Carpenters and Local Union 2287 of the New York District Council of Carpenters to resolve a jurisdictional claim made by both Unions that impacted upon the resilient floor coverers industry.